

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee <b>Coeficient</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2020</b>		
Mailing Address <b>1881 Main St. #305</b>			Amount <b>20548.16</b>		
City <b>Kansas City</b>	State <b>MO</b>	Zip Code <b>64108</b>	Transaction ID : <b>SE.22067</b>		
Purpose of Expenditure <b>SMS Messaging</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 14 / 2020</b>		
Name of Federal Candidate <b>HARRISON, JAIME, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>386854.52</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Lukens Company</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2020</b>		
Mailing Address <b>2800 Shirlington Rd</b>			Amount <b>53294.22</b>		
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22206</b>	Transaction ID : <b>SE.22065</b>		
Purpose of Expenditure <b>Printing / Postage</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 09 / 2020</b>		
Name of Federal Candidate <b>GRAHAM, LINDSEY O., , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>283357.65</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>73842.38</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>Gross, Jennifer, , ,</b>		[Electronically Filed]		Date MM / DD / YYYY <b>10 / 15 / 2020</b>	

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>The Lukens Company</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2020</b>
Mailing Address <b>2800 Shirlington Rd</b>		Amount <b>53294.21</b>
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22206</b>
Purpose of Expenditure <b>Printing / Postage</b>	Category/Type	Transaction ID : <b>SE.22066</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 09 / 2020</b>
Name of Federal Candidate <b>HARRISON, JAIME, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SC</b>
Calendar Year-To-Date Per Election for Office Sought <b>336651.86</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>53294.21</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>127136.59</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gross, Jennifer, , ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**10 / 15 / 2020**

Signature